


State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

System Name **Westridge Subdivision** PWS ID# **4 1 05998**  
 Month/Year **Feb/ 2024** Entry Point: **EP-A (EP for well)** Required Minimum Residual **0.4 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	0630		0.5	Emailed on 03/04/24
2	0800		0.7	
3	0800		0.6	
4	0900		0.9	
5	0815		0.9	
6	0730		0.6	
7	0800		0.7	
8	0630		0.8	
9	0830		0.9	
10	1:00 PM		1.0	
11	0930		0.8	
12	0900		1.1	
13	0700		0.6	
14	0845		0.5	
15	0700		0.7	
16	0700		0.7	
17	1100		0.9	
18	1100		1.1	
19	1:30 PM		1.0	
20	0900		0.9	
21	0845		0.5	
22	0945		0.7	
23	0800		0.9	
24	0800		1.1	
25	1100		0.9	
26	0730		0.6	
27	2:30 PM		0.9	
28	0900		0.8	
29	0615		0.8	
30				
31				

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours – If > 4 hours Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p align="center"><b>GWS Serving More Than 3,300</b></p> <table border="0"> <tr> <td style="width: 60%;">                     Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No                       If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No   <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width: 40%;">                     Date continuous monitoring equipment failed: _____ / _____ / _____                       Date it was returned to service: _____ / _____ / _____                 </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: _____ / _____ / _____  Date it was returned to service: _____ / _____ / _____
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Printed Name: <b>WILLIAM W FRANSEN</b> Signature:  Date: <b>03 / 04 / 2024</b>	Title: <b>SWSO</b> Phone #: <b>(360) 951-2683</b>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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